AFFIDAVIT

| I, | , being first duly sworn, depose and say: I am the |
|---|---|
| | for the |
| in County, Indiana. | . In this capacity, I have custody of and am |
| responsible for the zoning records for the | · |
| I have inspected the records and find that the sign | located |
| is in an area zoned | effective on |
| , 20_ | |
| The documents attached hereto, specifically | .y |
| | ced above contained in the files and business records |
| The matters sworn herein are made from m | ny personal knowledge, and I am competent to testify |
| thereto. Further affiant sayeth not. | |
| | |
| | Signature |
| STATE OF INDIANA COUNTY OF} | |
| , | |
| Before me the undersigned personally appeared | |
| (Name & T | Title of Person) |
| And acknowledged the execution of this instrument thi | is day of, |
| IN TESTIMONY WHEREOF, I | |
| have hereunto set my hand and official seal, this | (Notary) , |
| | Signature of Notary |
| | Printed Name of Notary |